

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	2					
12	2					
13	2					
14	2					
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28	2					
29	2					
30	2					
31	2					
32	1					
33	1					
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46						
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	40					
TOTAL CLAIMS	42					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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